U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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Que of	
1. File Number U - /2772	2. Fiscal Year Covered From:
	7 / 200 Through: 12 / 31 / 2009
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name A/EJANDRO G NOMBRAUD	Name Southern (Alifornia Painting + PLY wall INDUSTRIES APPLENT CESKIP TRUST (DC 36) Labor Organization File Number 6 32 - 396
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8250 RONSON ROAD	Street 2077 YATES AVENUE
City SAU DIEGO	CITY OF COMMERCE
State CALIEGRAIA ZIP Code + 4 92//	State CALIFO C-DIA ZIP Code + 4 900 40
5. Position in labor organization. LOCAL 333 PRESIDENT (PAINTERS & Allied TRADES, SANDIESO, CA	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any	
P.O. Box, Blog., Room No., if any	7.b. Amount.
Street	
City The Control of t	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Name of Person Fitting ALEJANDAO G NOMBRAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise deating with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name INTERNATIONAL JOINT APPARATIONAL TRAINING FUND  Trade Name, if any  P.O. Box, Bldg., Room No., if any UNITED UNIDUS BURNS  Street 1750 NEW YORK AVE, N.W.  City WAShing TON, D.C.  State D.C.  ZIP Code +4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
Name THER NATIONAL JOINT APPRENTICE SAIR Trade Name, it any:  P.O. Box, Bldg., Room No., it any UNITED UNIONS DLD NG.	INTERNATIONAL JOINT APPRENTICESHIP TRAINING FUND DEALS WITH ALL LEVELS AND ISCORS CONCERNING APPRENTICESHIP FOR THE ENTERNATIONAL UNION OF PAINTERS + ALLIED TRADES  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  TOOK A TRAPPING AT MARITIMAR INSTITUTE OF TECHNOCOSY (BLUE PRINT READING TRAVEL + LODGINS + MARITIMAR INSCRIPTION OF THE COST OF TRAVEL + LODGINS + MARITIMAR SILONO OF THE COST OF TRAVEL + LODGINS + MARITIMAR SILONO OF THE COST OF TH	
C. Received from any employer (other than an employer covered unde or from any tabor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:  P.O. Box, Bidg., Reom No., if any Street Cay State ZIP Code + 4		
13 b. Is the Business an Employer cr Consultant ?	14 b. Amount of payment.	

08-12-2005 04:00pm

James McCallick Reporting period ending December 31, 2004

## **DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.